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7590 05/18/2004

Jim Zegeer
Suite 108
801 North Pitt Street
Alexandria, VA 22314



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/816,778	03/26/2001	J. Marcus Hollis	3146-Z	5537

TITLE OF INVENTION: LASER LIGHT EMITTER SURGICAL SITE LOCATING DEVICE AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	08/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, CAMTU TRAN	3743	600-407000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Jim Zegeer
1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vector Medical Inc.

Milton, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 3

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 26-0090 (enclose an extra copy of this form).

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(Authorized Signature) Jim Zegeer (Date) August 18, 2004

08/19/2004 MAHNE2 00000024 09816778

01 FC:2501
02 FC:8001

665.00 OP
9.00 OP

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number: 09/816,778

Confirmation Number: 5537

Title: LASER LIGHT EMITTER SURGICAL SITE LOCATING DEVICE AND METHOD

Attorney Docket Number: 3146-Z

ISSUE FEE TRANSMITTAL LETTER

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following:

1. X Issue Fee Transmittal (PTOL-85B).
2. X A check in the amount of \$674.00 is enclosed.

August 18, 2004

Date

Jim Zegeer

Jim Zegeer

Attorney for Applicant(s)

Reg. No. 18,957

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